United States District Court

for the District of Utah

BlueRibbon Coalition, Inc.)
Plaintiff(s) v. Bureau of Land Management, U.S. Department of the Interior)) Civil Action No. 4:25-cv-00044-AMA-PK))))
Defendant(s))

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) Department of the Interior c/o U.S. Civil Process Clerk U.S. Attorney's Office, District of Utah 111 South Main Street **Suite 1800**

Salt Lake City, UT 84111-2176

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff's attorney,

whose name and address are: Isabella Eldridge

bella.eldridge@blueribboncoalition.org

800 W Main Street, Suite 1640

Boise, ID 83702

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

04/16/2025 Date:



Gary P Serdar CLERK OF COURT

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Civil Action No. 4:25-cv-00044-AMA-PK

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

	This summons for (nam	e of individual and title, if any)	U.S. Department of the Interior			
was rec	ceived by me on (date) A	pr. 18, 2025				
	☐ I personally served	the summons on the indivi-	dual at (place)			
			on (date)	; or		
	☐ I left the summons a	at the individual's residenc	e or usual place of abode with (name)			
		, a person of suitable age and discretion who resides there,				
	on (date)	, and mailed a cop	by to the individual's last known address; or			
	☐ I served the summon	ns on (name of individual)		, w	vho is	
	designated by law to a	ccept service of process or	n behalf of (name of organization)			
			on (date)	; or		
	☐ I returned the summ	ons unexecuted because			; or	
	on Defendant, U.S. De		true and correct copy of the Summons and Comp J.S. Certified Mail, Return Receipt Requested.(See Receipt)			
	My fees are \$	for travel and \$	for services, for a total of \$	0.00	·	
	I declare under penalty	of perjury that this inform	nation is true.			
Date:	April 30, 2025	/s/	Isabella Eldridge			
			Server's signature			
		Isa	bella Eldridge, Attorney			
			Printed name and title			
		800) W. Main Street, Suite 1640, Boise ID, 83702 Server's address			
			Server s audress			

Additional information regarding attempted service, etc:

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: U.S. Attorney's office III South Main street Suite 1800 Salt Lake City, UT 84111-21746 	A. Signature X	
9590 9402 9294 4295 7144 35	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation	
9589 0710 5270 2285 1713	Delivery Restricted Delivery ail Insured Iviail Restricted Delivery (over \$500)	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt	

47	U.S. Postal Service [™] CERTIFIED MAIL [®] RECEIPT Domestic Mail Only		
m.	For delivery information, visit our website at www.usps.com®.		
171	Salt Lake City UT 84111 USE		
0710 5270 2285	Certified Mail Fee \$ Extra Services & Fees (check box, add fee as appropriate) Return Receipt (hardcopy) Return Receipt (electronic) Certified Mail Restricted Delivery Adult Signature Required Adult Signature Restricted Delivery \$ Postage \$ Total Postage and Fees \$ 1 0 10		
9589	Sent To U.S. AHORACY'S OFFICE Street and Api. No., or PO Box No. III South Main Street, Suite 1800 City, State, ZIP+48 Salt Lake City, UT 84111-Z176 PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions		